

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">099 39722</div>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2							52		
3							53		
4							54		
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46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	6	↓		↓		↓	TOTAL IND.	↓	↓
TOTAL DEP.	73	↓		↓		↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS							TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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